## PART B - FEE(S) TRANSMITTAL Complete and this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 1 2005 Alexandria, Virginia 22313-1450 (571) 273-2885 or <u>Fax</u> RISTRUCTIONS. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where approximate all further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 25271 7590 07/15/2005 GALLAGHER & LATHROP, A PROFESSIONAL Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. CORPORATION 601 CALIFORNIA ST **SUITE 1111** SAN FRANCISCO, CA 94108 Jean C. Reed 08/02/2005 MBELETE2 00000096 09699077 (Signature 01 FC:1501 02 FC:8001 (Date) Julv 29. 2005 1400.00 OP FILING DATEOU OF APPLICATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/699-077 10/27/2000 Masahiro Ishida 9031 TITLE OF INVENTION: METHOD AND APPARATUS FOR FAULT SIMULATION OF SEMICONDUCTOR INTEGRATED CIRCUIT APPLN. TYPE SMALL ENTITY **ISSUE FEE** PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE NO nonprovisional \$1400 \$0 10/17/2005 \$1400 EXAMINER ART UNIT CLASS-SUBCLASS SHARON, AYAL I 2123 703-015000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list David N. Lathrop, Esq. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2Gallagher & Lathrop (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Advantest Corporation Tokyo, Japan ☐ Individual ☐ Corporation or other private group entity ☐ Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-0137 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above)

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